

State File No. \_\_\_\_\_

BUREAU OF PUBLIC HEALTH  
FILED MAR 12 1943Registration District No. 77Primary Registration District No. 2016Registrar's No. 45

## 1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1329 St. Marys Blvd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
5 Yrs. (Specify whether  
 years, months or days)  
 In this community \_\_\_\_\_

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
 (c) City or town Jefferson City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1329 St. Marys Blvd.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucien A. Agniel3. (b) If veteran name war World War 13. (c) Social Security No. 493-05-7559

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Marie D. 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased Dec. 18, 1895  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 2 13 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or ~~firm~~ Souther Iron Co.12. Name Lucien A Agniel13. Birthplace Grayville, Ill (City, town, or county) (State or foreign country)14. Maiden name Marie Holliday15. Birthplace Colterville, Ill. (City, town, or county) (State or foreign country)16. (a) Informant Mrs Marie D. Agniel(b) Address Jefferson City, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (Month) (Day) (Year)(c) Place: burial or cremation National Cemetery18. (a) Signature of funeral director Ueta Buescher(b) Address Jefferson City, Mo.19. (a) 8-2-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1943 hour 7 minute 30 P.M.21. I hereby certify that I attended the deceased from Mar 1 1943 to Mar 1 1943  
 that I last saw him alive on Mar 1 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6hr  
Central  
 Due to hypertension & chronic nephritis 2 yrs

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 131/115

Major findings: 131/115 **PHYSICIAN**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James A. Hill (M. D. or other)  
 Address Jefferson City Mo Date signed 3/2/43

JUN 22 1943

MAY 19 1943

APR 1 1943

MAR 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Victor Buesch*

Licensed Embalmer No.....

3701

P. O. Address..... Jefferson City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.